



**MT DRUITT LEARNING GROUND – YOUTH ACTIVITIES PROGRAM (YAP)
ENROLMENT FORM 2020**

PARTICIPANT

NAME:		YEAR	AGE
ADDRESS:			
EMAIL:			
PHONE (AT HOME):		MOBILE PARTICIPANT:	
DATE OF BIRTH:		NATIONALITY:	

IF APPLICANT IS UNDER 18 – PARENT/GUARDIAN

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	MOBILE:

EMERGENCY CONTACT OTHER THAN PARENT/GUARDIAN

NAME:	
ADDRESS:	
EMAIL:	
PHONE:	MOBILE:

MEDICAL INFORMATION

ANYTHING WE SHOULD KNOW? (eg food allergies, asthma etc) <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICATION:
NAME OF DOCTOR IF NEEDED:

PERMISSION IF APPLICANT UNDER 18 YEARS

	YES	NO
PERMISSION FOR THEIR YOUNG PERSON TO ATTEND THE YOUTH PROGRAM AND THE EVENTS THAT WILL BE TAKING PLACE. THE PROGRAM IS HELD AT MT DRUITT LEARNING GROUND ON FRIDAY EVENINGS AFTER SCHOOL		
PARENTAL/GUARDIAN PERMISSION THAT PARTICIPANT TO BE INCLUDED IN PHOTOGRAPHS TAKEN AT LEARNING GROUND POSSIBLY TO BE USED IN FUNDING REPORTS, IN MEDIA RELEASE OR LEARNING GROUND FACEBOOK PAGE		
PERMISSION FOR PARTICIPANT TO RIDE IN LEARNING GROUND BUS AS NEEDED TO GET TO AND FROM PROGRAM		

NAME – PARTICIPANT: _____

SIGNATURE: _____

DATE: _____

NAME – PARENT/GUARDIAN: _____

SIGNATURE: _____

DATE: _____